



SHELBY COUNTY ADULT ORIENTED ESTABLISHMENT BOARD
150 WASHINGTON AVE., SUITE 200
MEMPHIS, TENNESSEE 38103
(901) 545-3727

APPLICATION TO OPERATE ADULT ORIENTED ESTABLISHMENT

Type of License: ☐ Original ☐ Renewal

APPLICATION PROCEDURE:

- A LICENSE SHALL BE ISSUED TO THE OWNER OF THE BUSINESS, WHETHER A PERSON, CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR ASSOCIATION.
- A LICENSE IS VALID FOR ONLY ONE LOCATION.
- A LICENSE IS NON TRANSFERABLE
- IT IS UNLAWFUL FOR ANY ENTERTAINER, EMPLOYEE, ESCORT OR OPERATOR TO KNOWINGLY WORK IN OR ABOUT OR TO KNOWINGLY PERFORM ANY SERVICE DIRECTLY RELATED TO OR AT THE REQUEST OF THE OPERATION WITHOUT HOLDING A PERMIT FROM THIS BOARD.
- NO LICENSE SHALL BE ISSUED UNLESS THE BOARD HAS INVESTIGATED THE APPLICANT'S QUALIFICATIONS TO BE LICENSED.
- REFUSAL OF AN OPERATION OR ESTABLISHMENT TO PERMIT INSPECTIONS SHALL BE GROUNDS FOR REVOCATION, SUSPENSION OR REFUSAL OF A LICENSE. (TCA § 7-51-1107(B))
- APPLICATION MUST BE COMPLETED IN FULL AND RETURNED TO THE SHELBY COUNTY CLERK'S OFFICE AT THE ADDRESS SHOWN AT THE TOP OF THIS FORM.
- IF ADDITIONAL SPACE IS NEEDED TO COMPLETE ANSWERS, PLEASE ATTACH EXTRA PAGES AND REFERENCE THE ITEM IN THE APPLICATION FOR WHICH THE ADDITIONAL INFORMATION IS PROVIDED.
- APPLICATION MUST BE FILED IN TRIPLICATE.
- APPLICATION MUST BE CONFIRMED BY OATH OR AFFIRMATION.
- APPLICANT MUST SUBMIT ONE (1) FORM OF PHOTO ID, (I.E., PASSPORT, MILITARY/FEDERAL, STATE ISSUED ID, DRIVER'S LICENSE WHICH INCLUDES A DATE OF BIRTH) FOR EVERY PERSON SHOWN IN SECTION II. A, B OR C BELOW AS AN OWNER, OFFICER, DIRECTOR OR MAJORITY SHAREHOLDER OR GENERAL PARTNER. EACH OF THESE INDIVIDUALS WILL BE SUBJECT TO THE CRIMINAL BACKGROUND CHECK AND WILL ALSO BE REQUIRED TO PROVIDE FINGERPRINTS TO THE BOARD FOR THIS CHECK AS DISCRIBED BELOW.
- SOCIAL SECURITY NUMBER INFORMATION – THE BOARD IS REQUIRING SOCIAL SECURITY NUMBERS AS PART OF ITS STATUTORY OBLIGATION TO CONDUCT CRIMINAL BACKGROUND CHECKS ON APPLICANTS SEEKING A LICENSE TO OPERATE AN ADULT ORIENTED ESTABLISHMENT. THIS INFORMATION, TOGETHER WITH THE OTHER ITEMS REQUIRED, INSURES THE BACKGROUND CHECK WILL BE ACCURATE AND COMPLETE. YOUR SOCIAL SECURITY NUMBER WILL BE USED SOLELY FOR THAT PURPOSE. PROVIDING SOCIAL SECURITY NUMBERS IS MANDATORY AND FAILURE TO DO SO IS GROUNDS FOR DENIAL OF THE LICENSE YOU OR YOUR ORGANIZATION IS SEEKING.

I hereby make application for a license to operate an adult oriented establishment under the provisions of Tennessee Code Annotated § 7-51-1101 et seq. as adopted by the Shelby County Board of Commissioners and base my application upon the answers to the following questions:

Today's Date: _____

I. General Business Information

1. Name of Business to be operated by Applicant: _____
2. Physical Address of Business: _____
3. City, State, Zip: _____
4. Is this application for an Escort Bureau? _____ Yes _____ No

II. Business Type - State whether you are:

- ☐ An Individual (Complete **Section A**) ☐ Corporation/Limited Liability Company (Complete **Section B**)
☐ A Partnership (Complete **Section C**)

Section A: Individual

1. Applicant's full name: _____
Last First Middle
2. Other Names Used: (Maiden, Alias, Etc.) _____
3. Residence Street Address: _____
4. City, State, Zip: _____
5. Social Security Number: _____ - _____ - _____ 6. Date of Birth: _____

Home Phone: () _____ Mobile Phone: () _____ Fax: () _____
(Note: All phone number information is optional and is requested only in order to improve communication between the Applicant and the Board)

******Proceed to Section III**** Answer all remaining questions**

Section B: Corporation (Please attach a copy of the Corporate Charter & latest Annual Report)

1. Name of Corporation: _____
2. Corporate Street Address: _____
3. City, State, Zip: _____
4. Business Phone: () _____ 5. Fax: () _____
(Note: All phone number information is optional and is requested in order to improve communication between the applicant and the Board)
6. State of Corporation: _____ 7. Date of Incorporation: _____
8. Name and address of Registered Agent in Tennessee for Service of Process:

9. PLEASE PROVIDE THE FOLLOWING IF APPLICANT IS A CORPORATION:

POSITION HELD OFFICER DIRECTOR SHAREHOLDER*	TITLE	FULL NAME	DATE OF BIRTH	SSN	HOME ADDRESS	PHONE NO.
1.						
2.						
3.						
4.						
5.						

(*)Only if shareholder holds over 50%, please also indicate % owned

******Proceed to Section III**** Answer all remaining questions for each individual listed above**

Section C: Partnership

1. Is this a: ☐ General Partnership ☐ Limited Partnership

2. Name of Partnership: _____

3. Partnership Street Address: _____

4. City, State, Zip: _____

5. Business Phone: () _____ 6. Fax: () _____

(Note: All phone number information is optional and is requested only in order to improve communication between the Applicant and the Board)

7. Please provide the following for all General Partners, or if a Limited Partnership, for those General Partners who have a controlling interest:

NAME	SSN	% OWNED	ADDRESS	PHONE NO.

******Proceed to Section III**** Answer all remaining questions for each individual listed above.**

SECTION III: EMPLOYMENT HISTORY

1. LIST EACH ADULT ORIENTED BUSINESS OWNED OR MANAGED BY OR AT WHICH YOU WERE EMPLOYED FOR THE FIVE (5) YEARS PRECEDING THE DATE OF THIS APPLICATION:

a.	Business Name/Applicant Name	Position	
	Address & Phone No.	Date From	Date To
b.	Business Name/Applicant Name	Position	
	Address & Phone No.	Date From	Date To
c.	Business Name/Applicant Name	Position	
	Address & Phone No.	Date From	Date To
d.	Business Name/Applicant Name	Position	
	Address & Phone No.	Date From	Date To

SECTION IV: LICENSE/PERMIT HISTORY

1. LIST ALL ADULT-ORIENTED ESTABLISHMENT OR SIMILAR PERMITS OR LICENSES ISSUED BY ANY AGENCY OR BOARD, OR ANY CITY, COUNTY, OR STATE AGENCY IN THE PAST FIVE (5) YEARS. IF NONE, INITIAL HERE: _____

	TYPE OF LICENSE/APPLICANT NAME	LICENSE NUMBER	DATES HELD	CITY & STATE
a.				
b.				
c.				
d.				

SECTION V: COMPLIANCE HISTORY

1. HAS ANY PERMIT OR LICENSE LISTED ABOVE BEEN SUSPENDED OR REVOKED? Yes ()
No ()

If yes, please complete below:

BUSINESS NAME/APPLICANT NAME	SUSPENSION OR REVOCATION AND DATE	REASON
1.		
2.		
3.		

SECTION VI: CRIMINAL HISTORY FOR SPECIFIC OFFENSES

1. HAS ANY APPLICANT, INCLUDING THE INDIVIDUAL OR ANY PARTNERS, CORPORATE OFFICERS, SHAREHOLDERS OR DIRECTORS LISTED ABOVE IF THE APPLICANT IS A PARTNERSHIP OR CORPORATION EVER BEEN CONVICTED, ENTERED A GUILTY PLEA, ENTERED A PLEA OF NO CONTEST OR NOLO CONTENDERE TO ANY OF THE FOLLOWING CRIMINAL ACTS AS DEFINED IN TCA § 7-51-1102(25)?

- | | | |
|--|-----------|----------|
| (A) Aggravated rape? | Yes _____ | No _____ |
| (B) Rape? | Yes _____ | No _____ |
| (C) Rape of a child? | Yes _____ | No _____ |
| (D) Aggravated sexual battery? | Yes _____ | No _____ |
| (E) Sexual battery by an authority figure? | Yes _____ | No _____ |
| (F) Sexual battery? | Yes _____ | No _____ |
| (G) Statutory rape? | Yes _____ | No _____ |
| (H) Public indecency? | Yes _____ | No _____ |
| (I) Prostitution? | Yes _____ | No _____ |
| (J) Promoting prostitution? | Yes _____ | No _____ |
| (K) Distribution of obscene materials? | Yes _____ | No _____ |
| (L) Sale, loan or exhibition to a minor of material harmful to minors? | Yes _____ | No _____ |
| (M) The display for sale or rental of material harmful to minors? | Yes _____ | No _____ |
| (N) Sexual exploitation of a minor? | Yes _____ | No _____ |
| (O) Aggravated sexual exploitation of a minor? | Yes _____ | No _____ |
| (P) Especially aggravated sexual exploitation of a minor? | Yes _____ | No _____ |

2. IF YOU ANSWERED YES TO ANY OF THE ABOVE, GIVE APPLICANT'S, (INCLUDING ANY LISTED INDIVIDUAL, OFFICER, MAJORITY SHAREHOLDER, DIRECTOR, OR GENERAL PARTNER) NAME AND DATE OF OCCURRENCE:

Name of Applicant	Date of Occurrence
1.	
2.	
3.	
4.	
5.	

3. IF A CORPORATION OR PARTNERSHIP, HAS THE APPLICANT OR ANY OF ITS PARTNERS, OFFICERS, SHAREHOLDERS OR DIRECTORS LISTED ABOVE BEEN CONVICTED OF, PLEAD GUILTY TO OR PLEADED NOLO CONTENDERE TO ANY VIOLATION OF THIS ORDINANCE WITHIN THE LAST FIVE (5) YEARS IMMEDIATELY PROCEEDING THE FILING DATE OF THIS APPLICATION? YES _____ NO _____
IF YES, PROVIDE DATE OF SUCH CONVICTION OR PLEA. DATE _____

SECTION VI: ZONING CERTIFICATION

1. UNDER THE REQUIREMENTS OF T.C.A. § 7-51-1104 (F) – PROVIDE EVIDENCE OF THIS LOCATION'S COMPLIANCE WITH ALL APPLICABLE ZONING REQUIREMENTS. THIS CAN INCLUDE CURRENT CERTIFICATES OF OCCUPANCY, ZONING LETTERS OR OTHER PROOF THAT IS RELEVANT TO THIS REQUIREMENT.

ACKNOWLEDGEMENT

Applicant acknowledges that Applicant has a copy of and is familiar with the provisions of Tennessee's "Adult Oriented Establishment Registration Act of 1998" (Tennessee Code Annotated § 7-51-1101, et seq.), and is aware that said provisions became effective in Shelby County, Tennessee, on January 1, 2008. Applicant further acknowledges that as of the date of this application, Applicant is in full compliance with provisions of said Act.

Applicant acknowledges that failure or refusal on the part of Applicant to provide information relevant to the investigation of this application, or refusal or failure to appear at any reasonable time and place for examination under oath regarding this application, or refusal to submit to or cooperate with any investigation required by the aforesaid Act shall constitute an admission by Applicant that Applicant is ineligible for such license and shall be grounds for denial thereof by the Adult Oriented Establishment Board.

The Applicant has read the provisions of TCA § 7-51-1114 and understands that Applicant's License may be revoked, suspended, or annulled for committing the prohibited acts set forth therein.

NOTICE: FINGERPRINTS REQUIRED

Pursuant to TCA § 7-51-1122, you are required to submit a full set of fingerprints on authorized fingerprint cards or electronic machine-readable data or other means approved by the Tennessee Bureau of Investigation. The fingerprints will be used by Shelby County in conducting a criminal conviction record check. **THIS APPLICATION WILL BE INCOMPLETE AND WILL NOT BE CONSIDERED UNTIL YOU HAVE APPEARED FOR FINGERPRINTING AT THE OFFICE OF THE SHELBY COUNTY SHERIFF'S OFFICE, 201 POPLAR AVENUE, 10TH FLOOR, ROOM 10-01, MEMPHIS, TENNESSEE.**

Any license issued under this application will terminate at the expiration of one (1) year from the date of issuance and must be renewed before operation is allowed. Application for renewal must be filed not later than sixty (60) days before the license expires and must be filed in triplicate with and dated by the Board. The application for renewal shall be made on this form and marked "Renewal" application.

OATH OR AFFIRMATION

I hereby swear or affirm that the information provided herein is complete, true and correct to the best of my knowledge and belief.

Applicant or Authorized Corporate Officer

STATE OF TENNESSEE
COUNTY OF SHELBY

Sworn to and subscribed before me this _____ day of _____, 200_____.

NOTARY PUBLIC

SCHEDULE OF FEES:

Original License Fee	\$500.00
Renewal License Fee	\$100.00
Renewal License Late Fee (if any)	\$ 50.00
Administration Charge	\$ <u>98.00</u>

TOTAL FEE OWED \$ _____

FEE CALCULATION AND PAYMENT INSTRUCTIONS

For original applications, a non-refundable fee of Five Hundred Dollars (\$500.00) must be received at the time an application is filed. In addition an administrative fee of Ninety-eight (\$98.00) Dollars must be filed for every individual for whom a criminal background check is required. This is determined from the list of names provided in Sections II A, B, or C above. **All fees must be made in cash or by using a corporate check, cashier's checks or money orders. Applicants using corporate checks, cashier's checks or money orders must supply one instrument for the License or renewal fee made payable to the "SHELBY COUNTY CLERK", and a separate instrument covering the Administration Charge for ninety-eight (\$98.00) dollar for each person listed in Sections II A, B or C made payable to "SHELBY COUNTY SHERIFF'S OFFICE."** For renewals, a non-refundable fee of One Hundred (\$100.00) Dollars must be received at the time the renewal application is filed. The same administrative fees must be filed with the renewal for every individual listed as an owner, officer, director, general partner, or majority shareholder for whom a criminal background check is required. THE SAME METHOD OF PAYMENT USED FOR THE INITIAL APPLICATION MUST ALSO BE USED FOR THE RENEWAL. A late fee of Fifty Dollars (\$50.00) will be assessed against an Applicant who files for a renewal less than sixty (60) days before the license expires.

Section To be Completed by SCSO ONLY

1. Criminal History:	No	Want _____	Wanted _____
Criminal History:	Yes	_____	No _____
	Checked by:	_____	Date _____

Reviewed by:	Date:	Processed by:
Approved by:	Date:	Date Received:
		Date Completed: